



COUNTY BOROUGH OF DUDLEY.

ANNUAL REPORT

on the work of the
PUBLIC HEALTH SERVICES, 1944



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Temporary Medical Officer of Health and
School Medical Officer.

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The Mayor, Aldermen and Councillors
of the County Borough of Dudley.

Mr. Mayor, Ladies and Gentlemen,

(1) The principal event of the year from the general administrative point of view was the issue in February of the Government's White Paper on a National Health Service. This was a most ably written document, but objections were raised to it on many grounds, administration, representation of the voluntary hospitals, "direction" of practitioners in peace time, etc. It was distinguished by a pathetic and almost childlike faith in the efficacy of Joint Boards, though those of us who have to deal with the day-to-day executive work of a Medical Officer of Health of a major Local Authority are rather less ingenuous!

(2) **Local Government Areas.** Following on the Education Act, the White Paper by its emphasis on the major Local Authorities being the responsible administrative units at once focussed attention on the problem of the reform of Local Government areas. It has been obvious that the Ministry wished to dodge this most difficult matter, **but no planning of whatever nature can have any finality at all until this absolutely fundamental problem is faced, and dealt with.** It is acute in many areas and in none more so than in this south Black Country area, and until it is settled one feels that a great deal of the time taken up in discussing future services is wasted.

(3) **Infant Mortality.** Last year I reported that the infant mortality rate was too high, and we are fortunate in that this year the rate is lower. The rate fluctuates considerably from year to year, but in any case it is likely to remain considerably above the average while the housing problem is so acute.

(4) **Maternity Services.** This question is dealt with more fully later on, but the Government White Paper on the mobilisation of the nation most deservedly paid tribute to the magnificent services the women of Britain have rendered to their country whether as housewives or in the Services or factories. One of the finest tributes that could be paid to them, therefore, and one which unlike so many would be a permanent reminder of their unmatched help, would be for us to provide a Maternity and Child Welfare Service which would be unsurpassed in all the world.

(5) **Housing.** This still remains No. 1 priority. In a report presented to the Housing Committee in July the Chief Sanitary Inspector showed that nearly 5,000 houses are required adequately to cope with the slum areas still to be cleared, and the overcrowded families. A number of families in which there is a person suffering from open Pulmonary Tuberculosis are still on the overcrowding list and it is impossible to contemplate the risks run by children being in such surroundings with any degree of complacency. The matter is discussed more fully below.

(6) **New Health Service.** One of the problems of any Health Service anywhere is money, and already voices have been raised against the estimated cost of the proposed comprehensive Health Service which in the White Paper is almost certainly too low. Health in the mass cannot be seen like a building, a bridge, or a double-tracked trunk road, and it therefore lacks the glamour of a tangible achievement, but not all the money in the world can buy health, as many have good cause to know, and though the cost of the proposed new Health Service will be greater than the obviously incomplete and inco-ordinated Service we have to-day, we cannot aim at anything less than the best being available at all times for **all**. We must ensure that no facilities are lacking to obtain and maintain complete health and nothing must be allowed to stand in our way. Dunkirk, Mulberry and Pluto were outstanding examples of the spirit of the collective enterprise as applied to war, but are we so wedded to Whitehall that we cannot do the same in peace? For several years we have poured out money like water—and are still doing so—for something purely destructive. On the other hand we have now a really **constructive** objective, a **complete** and **National** Health Service.

In conclusion, it is a pleasure to record the assistance I have received from the Chairmen and Members of the Committees and from the Heads of the other Departments. I should also like to thank the staff of the Department sincerely for the good work they have done, and particularly the Chief Sanitary Inspector, whose help has been invaluable.

I am,

Your obedient servant,

W. K. DUNSCOMBE,

Temporary Medical Officer of Health.

July, 1945.

VITAL STATISTICS.

Population—Registrar General's estimate, mid-year, 1944 . 58,770						
Rateable Value (1st April, 1944)				...	...	£292,466
Product of 1d. rate (1st April, 1944)				...	...	£1,162
Livebirths	M. 627	F. 570	1197	Total Birth Rate	20.9	
Stillbirths	M. 18	F. 16	34	Rate	27.6	
Illegitimate Births	...	...	38	Rate	30.8	
Deaths	M. 382	F. 304	Total 686	Death Rate	11.6	
Infant Deaths	...	...	72	Mortality Rate	60.00	
Illegitimate Deaths	...	...	2	Rate	50.00	
Maternal Death	...	...	1	Rate	0.81	

DEATHS FROM ALL CAUSES.

Table 1.

Cause of Death.				M.	^F M	Ttl.
1.	Typhoid and Paratyphoid	...	...	—	—	—
2.	Cerebro Spinal Fever	...	...	—	—	—
3.	Scarlet Fever	...	...	—	—	—
4.	Whooping Cough	...	...	1	2	3
5.	Diphtheria	...	...	2	2	4
6.	Tuberculosis of Respiratory System	...	...	22	20	42
7.	Other forms of Tuberculosis	...	...	5	3	8
8.	Syphilitic Diseases	...	...	—	—	—
9.	Influenza	...	...	5	1	6
10.	Measles	...	...	—	—	—
11.	Acute Poliomyelitis and Polio- encephalitis	...	...	—	—	—
12.	Acute Infective Encephalitis	...	...	—	—	—
13.	Cancer of Buccal Cavity and Oeso- phagus (m) (Uterus (f)	...	...	6	4	10
14.	Cancer of Stomach and Duodenum	...	...	8	10	18
15.	Cancer of Breast	...	...	—	13	13
16.	Cancer of all other sites	...	...	33	23	53
17.	Diabetes	...	...	2	3	5
18.	Intra-cranial Vascular Lesions	...	...	40	31	71
19.	Heart Disease	...	...	82	76	158
20.	Other diseases of circulatory system	...	...	14	15	29
21.	Bronchitis	...	...	28	15	43
22.	Pneumonia	...	...	26	17	43
23.	Other respiratory diseases	...	...	6	3	9
24.	Ulcer of Stomach and Duodenum	...	...	5	4	9
25.	Diarrhoea under 2 years	...	...	4	2	6
26.	Appendicitis	...	...	2	1	3
27.	Other digestive diseases	...	...	6	5	11
28.	Nephritis	...	...	13	12	25
29.	Puerperal and Post-abort. Sepsis	...	...	—	—	—
30.	Other maternal causes	...	...	—	1	1

31.	Premature Birth	...	...	...	10	9	19
32.	Congenital Malformations, Birth In-						
	juries, Infant Diseases	...	...	...	15	9	24
33.	Suicide	...	...	...	1	2	3
34.	Road Traffic Accidents	...	...	...	5	1	6
35.	Other Violent Causes	...	...	...	12	4	16
36.	All other Causes	...	...	...	29	19	48
					382	304	686

10 PRINCIPAL CAUSES OF DEATH.

Table 2.

Cause of Death.					M.	^{F.} M	Ttl.
1.	Heart Disease	...	...	...	82	76	158
2.	Cancer	...	...	...	47	47	94
3.	Intra-cranial Vascular Lesions	...	...	...	40	31	71
4.	Other Causes	...	...	...	29	19	48
5.	Bronchitis	...	...	...	28	15	43
6.	Pneumonia	...	...	...	26	17	43
7.	Premature Birth, Congenital Mal-						
	formations, Birth Injuries, Infant						
	Diseases	...	...	...	25	18	43
8.	Respiratory Tuberculosis	...	...	...	22	20	42
9.	Other Diseases of Circulatory System	...	...	...	14	15	29
10.	Nephritis	...	...	...	13	12	25

Discussion.

It will be seen that diseases of the heart and circulatory system, including Intra-cranial Vascular Lesions, are by far greater than any other causes. In this connection the ages at which the deaths from these conditions occurred are important; they are as follows:—

		15—45	45—65	65 and over
Males	...	6	39	91
Females	...	3	31	88

Cancer.

With the composition of the local population relatively the same as last year, the disease shows an increase of 1, the number of deaths being 94 as against 93 in 1943.

GENERAL PUBLIC HEALTH.

(1) As far as General Public Health goes it is the fashion nowadays by those not in executive positions in medicine to decry environmental hygiene and to say that the area when attention should be paid to this side of Public Health is past. This is most certainly not the case, and the return of our men and women from the East will prove this more and more, as cases of dysentery and typhoid will undoubtedly occur due to carriers infected in the East. In any case at the present time the incidence of dysentery in this

country is so extensive that it is impossible to relax our efforts at all. In fact even more attention should be paid to food handlers and the hygiene of restaurants, hotels and eating houses generally, where in many cases a great deal is lacking. The great city of New York was the first to pay attention on a large scale to the problem of the bacteriological control of food-handlers and they were regarded rather as cranks. For years also the existence of a carrier state of bacillary dysentery was denied by otherwise quite reasonable individuals. It is to be hoped that our experiences during the war have opened their eyes.

(2) **Water Supply.**

Ministry of Health Circular 49/45 dealing with the items to which special attention should be drawn in the Report mentioned particularly the question of water supplies. Through the courtesy of Mr. G. V. Hall, the Bacteriologist to the South Staffordshire Waterworks Company, who are the statutory undertaking for the area, I have been able to obtain the following facts:—

(a) Water is supplied to this area principally through the Shavers End and Cawney Hill Reservoirs and bacteriological and chemical examinations are made regularly from the rising mains and also from taps in houses. Examinations are made at least monthly, and in no case last year were the results unsatisfactory.

(b) The water supply is satisfactory in quality and quantity and bacteriological examinations are made also of the raw water.

(c) No action was necessary on account of contamination.

(d) It is regretted that it is not possible to give the proportion of houses or population supplied by piped supply or stand pipes. Results of both Bacteriological and Chemical examinations are as follows:—

THE SOUTH STAFFORDSHIRE WATERWORKS COMPANY.

Telephone: LICHFIELD 2037.

SANDFIELD LABORATORIES,
LICHFIELD.

Sample Ref. No. V3282.

RESULTS OF EXAMINATION OF SAMPLE OF WATER. FROM WATERMAN, DUDLEY.

Sample taken by J. Birks on 19th December, 1944.

BACTERIOLOGICAL EXAMINATION.

BACTERIA. Colonies per ml.	COLIFORM BACTERIA.
Nutrient Agar at 37°C. 1 day	25 Presumption Test: Absent.
Nutrient Agar at 37°C. 2 days	25 Differential Tests: Absent.
Nutrient Agar at 20°C. 3 days	75

PHYSICAL CHARACTERS.

TURBIDITY: Trace sup. matter.
 COLOUR (Burgess): 4 m.m.
 pH: 6.8.

TASTE: Normal.
 ODOUR: Nil.

CHEMICAL ANALYSIS (expressed in Parts per 100,000).

Free CO².
 Alkalinity (CaCO³): 7.8.
 Chlorides (Cl): 2.88.
 Ammoniacal Nitrogen: Trace.
 Albumoid Nitrogen: Trace.
 Oxidised Nitrogen: .26.
 Oxygen Absorbed
 (3hrs. at 27°C.): .012.
 Temporary Hardness: 7.0.
 Permanent Hardness: 4.0.
 Total Hardness: 11.0.
 Total Solids (dried at 180°C.):

Silica (SiO²):
 Calcium: (Ca):
 Magnesium (Mg):
 Sodium (Na):
 Carbonate (CO³):
 Sulphate (SO⁴):
 Iron (Fe): .006.
 Manganese (Mn): Trace
 Zinc (Zn):
 Poisonous Metals:
 Free Cl (p.p.m.): .01.

G. V. HALL,
 Chemist and Bacteriologist.

(3) Water Cress Beds.

An interesting Public Health problem arose during the year regarding certain Water Cress Beds. Originally it was found that these beds were being seriously polluted from the overflow of a blocked foul sewer, but subsequently even when this blockage was dealt with the water flowing into the beds was still polluted, first of all by certain improper connections to the watercourse, and secondly by various other matters, both living and inanimate. The cress was sold extensively in areas round about and the Council most properly decided that this should be dealt with first, since the piping in of the brook courses affected would of necessity take time. Thus the crops of cress were bought, and some of the beds destroyed for producing cress, and so the matter was cleared up satisfactorily. A number of bacteriological investigations were carried out by Professor J. F. D. Shrewsbury, of the Department of Bacteriology, Birmingham University, and we were most grateful for the expert advice and help he gave us.

(4) Infectious Diseases.

It is of importance to note that for the first time the figures for infectious diseases include a revised final diagnosis in accordance with arrangements made by the Registrar General. It will be seen that considerable revision in the figures for Diphtheria occurred, but the incidence in general was considerably lighter than in the previous year. This applies to Diphtheria as well as to other diseases and one can hope that part of this was the result of previous inoculation. It must be recorded, however, that cases of Diphtheria are occurring in what are regarded as immunised children. One of these was a fatal case of Haemorrhagic Diphtheria. It turned out that only one injection had been given and

therefore the child was not protected. It should be emphasised that children immunised in infancy even with two injections at properly spaced intervals of the most modern prophylactic we have (A.P.T.) require a further "recall" or "booster" injection at school entry age. The figures below give details as far as they are available of the state of immunisation in the area. It will be seen that the figures for the schools are quite good, but those for children under 5 need stimulating. I should especially like to express my thanks to the Medical Superintendent and Matron of the West Midlands Joint Board Hospital at Moxley. They have been most helpful and always willing to do just that little more which means so much. Their untiring efforts deserve a better hospital as cubicle accommodation is seriously deficient.

Infectious Disease Cases for 1944.

			Numbers originally notified.		Final Numbers after correction.	
			M.	F.	M.	F.
Scarlet Fever	...	...	64	53	54	54
Diphtheria	...	...	28	34	17	23
Whooping Cough	...	...	82	91	82	91
Measles	...	...	21	16	21	16
Pneumonia	...	...	24	22	24	22
Enteric or Typhoid Fever			1	—	1	—
Erysipelas	...	...	2	6	2	6
Cerebro Spinal Fever	...		2	—	—	—
Puerperal Pyrexia	...	...	—	3	—	3
Ophthalmia Neonatorum	...		1	2	1	2

Diphtheria Immunisation.

			Population.		% now Immunised.	
			Immunised.			
Children under 5	...	5000	453		38.1	
Children over 5	...	9300	196		81.3	

(5) Tuberculosis.

(a) In the introductory letter last year it was suggested that the very long hours, lack of ventilation and fresh air might show their pernicious effect later on and that it was being too optimistic to imagine that there would be a material reduction in the incidence of this disease for some time. The adverse factors already mentioned are likely to show their effect on the age groups where the incidence is highest in ordinary times., i.e., young women from 15—25. The figures given below show notifications and deaths, but except in the very acute types of this disease we cannot expect the incidence to alter materially in one year. It is probably in two—three years from now that we should see whether there is a large increase or not. The already increased numbers, however, simply make the problem of accommodating cases even more acute, and though additional beds are urgently necessary, beds are no good without nursing and domestic staff.

(b) **Dispensary Work.** Before even the question of beds is considered it is necessary that the cases attend the Chest Clinic and are regularly kept under observation there. This is of particular importance for contacts of open cases of Pulmonary T.B., especially children or where the contacts are Mantoux-negative. It is all the more unfortunate, therefore, that the area of the Tuberculosis Officer is so extensive that he is unable to cope with the increase in work that the routine examination of contacts would bring.

(c) **Memo. 266T.** All matters relating to Tuberculosis in Dudley are dealt with by the Staffordshire, Wolverhampton and Dudley Joint Board, and allowances under the memo. are considered by a Dispensary Committee, of which the Medical Officer of Health is not a member! Consequently it is impossible to give any details of allowances granted, though no doubt something will be said about them in the Annual Report of the Medical Officer to the Joint Board. In any case it is high time now that the anomalies caused by the issue of the memo. were removed and that allowances granted for all cases and not only for those which the examining Tuberculosis Officer thinks will get better.

The Table gives the number of notifications and deaths from Pulmonary and Non-Pulmonary Tuberculosis and according to age groups. Notifications are placed first.

	0—1		1—5		5—15		15—45		45—65 +		Total all ages	
Pulmonary.												
Male ...	—	—	—	—	1	—	25	10	14	12	40	22
Female	—	—	—	—	1	2	27	13	5	5	33	20
Non-Pulmonary.												
Male ...	—	—	1	—	2	2	4	3	—	1	7	6
Female	—	—	—	—	5	1	5	1	—	—	10	2

(d) **Mass Radiography.** It is understood that the Joint Board has a mass radiography machine supplied nearly a year ago but it is not functioning. This is principally due to the difficulty in obtaining beds, as the very essence of the scheme is that if by this mass radiography method early cases are found, they should go into a Sanatorium as soon as possible, as then there is a reasonable chance of the disease being arrested. If the beds are not there then the scheme tends to break down, and this is in effect what is happening. A further disadvantage is that civilians are not under discipline as Service cases are, and it is not easy to call them back for a series of further X-rays which might be necessary, and consequently there has to be an assessment of the activity or otherwise of any lesion detected **on one film**, whereas in reality some cases need the most careful X-ray study over several months before it is possible to say that there is no active disease present. There is no question that properly used it is very valuable in

detecting the very early case or the quiet practically symptomless one, but the diagnosis needs to be followed by immediate Sanatorium treatment, which at present is simply not possible due to lack of beds. In any case there is a grave danger to my mind that mass radiography, with its emphasis on the relative ease of cure for early cases, will tend to make people regard Pulmonary T.B. far too lightheartedly. It cannot be too strongly stated that a person once having suffered from this disease requires routine medical examination for years unless the treatment he or she has undergone has been successful in **curing** the disease. It is a worse disease than Cancer since it is infective to others, and the suffering and the trouble it inflicts, not only on its victims but on the relatives as well, are beyond calculation.

6. **Vaccination.**

In view of the occurrence of a number of cases of Smallpox on board ships arriving at ports in the country from the East and of the consequent possibility in spite of all vigilance that sooner or later a case of Smallpox will occur in the country, the state of vaccination of this town is of interest. Though it is not possible to give full details, the percentage of vaccinated babies to those unvaccinated is very low here. It cannot be emphasised too strongly that Smallpox is a most serious and often fatal disease, especially in those insufficiently protected by vaccination. In any case it is time now that the Compulsory Vaccination was abolished except in the case of a Smallpox outbreak and reliance placed in voluntary methods, since compulsion has obviously failed.

(7) **Venereal Disease.**

There has been an increase in the incidence of Venereal Disease as judged by the numbers of cases attending the Clinic. It must be remembered, however, that the Clinic serves an area of approximately 200,000 people and is not for Dudley alone. In view of the fact that no Medical Officer qualified in accordance with the Regulations was in charge of the Clinic the Council decided that one of its Medical Officers should attend the Course in Birmingham and become an approved V.D. Officer. This course was a wise one in view of the rapid advances that are being made in the treatment of these diseases, more especially as regards the use of penicillin. However, at present the number of beds for in-patient treatment is so very limited that it does not permit the extensive use of this substance, since hospitalisation is essential. The figures for attendances are given below, but once again we must record that Regulation 33B is almost a dead letter here and nearly as good results are being effected by persuading patients to persuade their infectors to attend as one is ever likely to get in the difficult circumstances with which the Regulation was designed to deal. It must be reiterated that until there is a system of notification and compulsory attendance for treatment, so long will the incidence keep on the high side, particularly as the notification would be confidential and the secrecy of the register protected by law. Instructions about attendance would be given by the notifying practitioner and failure to attend would, of course, mean possible prosecution.

		Dudley.	Worcs.	Staffs.	West Bromwich.	Forces.	Total
Syphilis ...	...	18	4	14	1	—	37
Soft Chancre ...	...	—	—	—	—	—	—
Gonorrhoea ...	...	31	7	42	—	—	80
Non-Venereal and undiagnosed con- ditions ...	...	66	17	153	2	1	239
Total ...	...	115	28	209	3	1	356

Total number of
attendances of all
patients residing
in each area ... 2075 365 3095 43 6 5584

Of these, the number of patients who ceased to attend while still in an infectious state are:—

Syphilis.				Gonorrhoea.	
Primary.		Secondary.		M.	F.
M.	F.	M.	F.		
2	1	5	3	11	4

The number of patients admitted for in-patient treatment was 3.

(8) Housing.

A great deal of comment, some of it rather uninformed, is current about housing, but it cannot be too clearly realised that **housing does not mean merely houses**. It means furniture, fittings, plumbing, etc., to put in the houses, electricity, gas and water, roads for access, schools, in fact the setting up of a community, not just the dumping of an empty shell in some field. When, therefore, all these necessities are considered in the light of the five **million** houses needed in this country, the stupendous nature of this problem can perhaps begin to be slowly realised. It certainly is not the time for the rather dilettante methods which the Ministry of Health used formerly. Rough justice must be done if the task is to be anywhere near completed with the speed that is requisite, but in our anxiety to provide houses for the return of our lads from fighting overseas, let us not forget the men of the Merchant Navy, without whose incompletely appreciated heroism we should have starved or become slaves of the alleged herrenvolk, nor those who stood up to the blitz, worked extremely (often, in fact, excessively) long hours in factories or on the land, and in addition endured rationing like no other free country in the world, with a spirit that is above all praise. Surely these people, many of whom through no fault of their own were living at the same time in the most disgraceful slum areas, are also entitled to be remembered when the houses are being allotted! Unfortunately at the present time we have a surfeit of Government Departments. Before the war we had only the Ministry of Health, but now we have several more; Ministries of Works, Town and Country Planning, Agriculture, etc., and to paraphrase the words of the song, "each one making the most of his chance all together in the 'Housing Dance.'" It is obvious that neither slum clearance nor the reduction of overcrowding is going to progress very rapidly in such circumstances, and still more is this the case when

Clearance Orders applied for before the outbreak of war have not yet been confirmed, although the enquiries have been held. Perhaps if the Ministers of the Departments mentioned were compelled to live in a back-to-back house with one stand pipe in an unpaved yard for 12 houses and one w.c. for 10 houses we should get a move on. As it is, Local Authorities are being urged to build houses, but no decision as to subsidies has been made, and it is in the areas where housing needs are greatest that subsidies are most needed.

(9) Problem Families.

Although we do not have many here, considerable attention is being paid all over the country to these families where there are lazy, drunken, filthy and feckless parents, often less than normal mentally. It is not surprising that the children of these unhappy and often too fruitful unions are ragged, ill-fed and verminous, and they and their parents constitute a sociological problem of absolutely first-class importance. Nor is it to be wondered at that such children, who frequently have shocking school attendance records, appear at Child Guidance Clinics, or in the Juvenile Courts. With such an environment it would be impossible almost for seraphs to grow up into decent, clean, hard-working, respectable members of society, and the problem is what to do with them. It is a fact, however, that there are a number of children who are almost incorrigibly dirty, with lousy heads almost a continuing evil, often with a necklace of flea bites. There is a view held by a number of persons that in spite of all the home is best and that the children should not be deprived of a home atmosphere, but this is flying in the face of facts, and surely it is far better for the children's sake to take them (or their parents) away and give the children a decent chance free from the soul-destroying environment already mentioned. The Department has of necessity to give a disproportionate amount of time to such families along with the Public Assistance and Education Departments, who are only too well aware of the difficulties involved, and whether we like it or not, something will have to be done by legislation to deal with these anti-social families. Education is not enough and Health propaganda practically useless.

(10) Disinfestation.

It naturally follows from what has been said that a good deal of time has been spent by the Department in dealing with lice and scabies. The lousy heads are dealt with at the Clinics if the family, as is often the case, seem quite unable to cope with the invaders, and many of the younger children and their mothers are also cleansed of Scabies at the Clinics. In addition, for adults, cleansing for Scabies is carried out at the Depot at Lister Road.

The following figures give some idea of the efforts needed to deal with Scabies. Those for lousy heads are given in the report of the School Medical Officer.

(a) Adults and Adolescents cleansed at Lister Road:

Male ...	93	Female ...	115
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(b) Children (school age or under) cleansed at the Clinics 443

(11) **Mental Deficiency.**

Little needs to be recorded beyond what was said last year. The problem of accommodation is if anything more acute, but the Board of Control do not appear to have shown extreme zeal in dealing with the great shortage of places.

A.—Number of mental defectives ascertained to be subject to be dealt with:—

1. Under Order:—	M.	F.	Ttl.
(a) (1) In Institutions (excl. cases on Licence):—			
Under 16 years of age ...	3	—	3
Age 16 years and over ...	21	25	46
(2) On Licence from Institutions:—			
Under 16 years of age ...	—	—	—
Age 16 years and over ...	2	3	5
(b) (1) Under Guardianship (excl. cases on Licence):—			
Under 16 years of age ...	—	—	—
Age 16 years and over ...	—	2	2
(2) On Licence from Guardianship:—			
Under 16 years of age ...	1	—	1
Age 16 years and over ...	—	2	2
2. In “places of safety”:—			
Under 16 years of age ...	—	—	—
Age 16 years and over ...	—	—	—
3. Under Statutory Supervision ...	36	43	79
Of whom awaiting removal to an Institution ...	1	1	2
4. Action not yet taken under any one of the above headings ...	2	5	7

B.—Number of mental defectives not at present “subject to be dealt with,” but for whom the Local Authority may subsequently become liable:—

1. In Institutions or under Guardianship dealt with under Sec. 3 ...	3	1	4
2. Reported to the Local Authority from any reliable source and recognised by them as mentally defective but as to whom no action under the Mental Deficiency Acts has been taken:—			
(a) Children between the ages of 14 and 16 years ...	—	—	—
Of whom, number, if any, under Voluntary Supervision ...	—	—	—

(b) All other cases	23	25	48
Of whom, number, if any, under Voluntary Supervision ...	23	25	48
Number of above cases on the Registers of Occupation and Industrial Centres	8	13	21

1.—Cases notified by Local Education Authorities (Section 2 (2) during the year 1944:—

Method of disposal:—

Sent to Institutions (by Order) ...	—	—	—
Placed under Guardianship (d) ...	—	—	—
Placed under Statutory Supervision	2	1	3
Placed in "Places of Safety" ...	—	—	—
Died or removed from area ..	1	—	1
Action not yet taken:—			
(a) In receipt of poor relief ...	—	—	—
(b) Others	2	—	2
(Awaiting Institutions)	—	—	—
Total ..	5	1	6

2.—Of the total number of mental defectives known to the Local Authority:—

(a) Number who have given birth to children during 1944:—

(1) After Marriage	2
(2) While Unmarried ...	Nil

Males. Females.

(b) Number who have married during 1944 — 2

(12) Laboratories.

The work of the small Laboratory attached to the Central Clinic continued during the year, when:—

439 Swabs for Diphtheria and 37 Sputa for Tuberculosis were examined. Of these, 25 and 6 were found to be positive.

It must be pointed out that very little purpose is served by its continuing to function. The swabs for Diphtheria can only be cultured on Loefflers Slopes, and no modern Laboratory can afford to omit culture on Tellurite Media also. Consequently its only value is to diagnose microscopically Diphtheria which in the acute stage is properly a **Clinical** diagnosis. In suspicious discharges from Ear and Nose and for possible carriers culture must be made on Tellurite Media.

There is no question that anything that tends to continue the reliance on the result of a swab for the diagnosis of a case that

may be Diphtheria is dangerous, and obviously still more is this the case if the methods used are far from up-to-date. In any case the rest of the Public Health Laboratory work is carried out either by the Staffordshire County Laboratory or by the Laboratory in Birmingham, both of which do first-class work.

The amount of work done does not justify the employment of a properly qualified Laboratory Technician or the sending of one of the Medical staff to obtain adequate experience in the diagnosis and culture of Diphtheria on Tellurite Media—not always an easy thing—hence the remedy is (a) to have a fully equipped Public Health Laboratory that would serve a large area round about or (b) to see that an adequate Laboratory is situated at the Guest Hospital, which would then be able not only to do all the necessary investigations required by the Hospital itself, but would do biochemical tests, e.g., blood urea, blood sugar, etc., for the Borough and probably for the greater part of the area served by the Hospital, and in addition do such Public Health bacteriology as it urgent, if not for the same area, at least for this Borough.

(13) **Maternity and Child Welfare.**

Before giving the usual statistics certain points should be noted.

(a) The new arrangement with the Staffordshire County Council regarding the use of beds at the Rosemary Ednam Home came into force on April 1st, though on account of private bookings previously made the first month without these was September. The arrangement was for the use of 10 beds per month, and since then the accommodation so kindly provided has been taxed to the full as bookings for private patients from this area are no longer accepted at the home, and all bookings are made through the Health Department.

I should like to pay tribute to the Matron and staff of the Sedgley E.M.S. Hospital for the help they have given us. The arrangements are working smoothly and we are very grateful to the Staffordshire County Council and the officials for their co-operation.

However, these beds do not settle the problem of Maternity Home accommodation, which is still very urgent. Some exploratory soundings were taken with the Guest Hospital regarding the possibility of siting a Maternity Hospital on their land, and as usual the Hospital were willing to co-operate, but, owing to the reported imminence of publication of the Hospital Surveyors' Report for the West Midland area, discussions are temporarily held up. Nevertheless, the fact remains that for the size of the area round about the lack of Maternity Hospital accommodation is grave. In several instances the patients were sent to Birmingham to the Queen Elizabeth Hospital or to the Maternity Hospital, but this is not enough. The "flying squad" operated by the last named Hospital was called on twice to help in saving a woman's life after a post-partum haemorrhage in domiciliary practice, which

was so serious as to endanger her survival. In each instance response was extremely rapid, and thanks to the magnificent skill of the team these lives were saved. It is a service the Hospital can be proud of.

(b) In May, Mr. F. Selby Tait was appointed Consulting Obstetric Surgeon in place of the late Sir Beckwith Whitehouse. The special Ante-Natal Clinics which he has held have proved popular and well attended and we are grateful for his advice and help and for the benefit the Service has derived from his skill.

(c) The war-time Nurseries have functioned well throughout the year. An important decision was taken by the Council in July when it was decided that no more children under 2 should be admitted to these Nurseries. This was a disappointment to the staff, who enjoyed looking after these young children, though on the other hand it is evident that the age group of 0—2 years is the one where the child is most dependent on the mother, and therefore it is open to doubt whether in fact such children should be admitted to a Nursery. There is no question as to the benefit the children have derived from their stay in the Nurseries and one can only hope that it may be found possible, after the acute war-time need for married women with children to go into factories is over, to retain what might be called the Nursery spirit, for example, by using one of the Nurseries as a residential Nursery in conjunction with a Home Help Scheme to provide short term accommodation for young children when the mother has to go to hospital.

(d) **Care of Illegitimate Children.** Arrangements were made as far as possible to carry out the suggestion of the Ministry contained in Circular 2866. Although there is close co-operation with the Representatives of the Worcestershire Diocesan Association for Moral Welfare, it was not felt that the Council could entirely give up its responsibilities in this matter to a voluntary organisation. The appointment of a Moral Welfare worker was not considered necessary in view of the fact that the Illegitimate Birth Rate here was lower than for 10 County Boroughs, either smaller or comparable in size. At the end of the year discussions were proceeding with the above Association, and also with the Worcestershire County Council regarding the reservation of beds at a suitable Hostel in Malvern.

(e) **Premature Babies.** These constitute a real problem in that Hospital arrangements all over the country are so meagre that those which are available are more than full. In this area the only premature unit is at the Sorrento Maternity Home in Birmingham and naturally the City's premature babies come first. In addition it is open to very serious doubt whether the transporting of a very small baby for a distance of 12 miles is the best thing for it, and under the circumstances as they exist at present I think that often they do better at home unless there is a close-by special unit with the very specially skilled staff, which is so absolutely essential in dealing with these very small babies.

(f) **Infant Mortality.** In last year's report I mentioned that an Infant Mortality Rate of 65.5 was far too high, and it is with pleasure that a reduction in the rate is recorded, but it must be pointed out that owing to the small numbers affected, considerable fluctuations must take place from year to year. However, there is no question that the rate is still far too high, and though climatic conditions may have some effect, it must be mentioned most reluctantly that the standard of many families here in the care of children is definitely low. Here once again the "problem" families crop up, and feckless mothering is decidedly not in favour of the infant. An analysis of the mortality is given below, and it will be evident that the deaths in the first week and within the first month form a high percentage of the whole. It is, of course, within the first month that prematurity and congenital deformity most affect the infant mortality.

		1 wk.— 1 mth.	1—3 mths.	3—6 mths.	6—12 mths.
Deaths ...	Under 1 wk. 17	8	11	9	6

(g) **Maternal Mortality.** We are fortunate in that only one death attributable to child birth occurred out of a record total of births.

(h) **Ante-Natal Clinics.** These continue to be well attended and certain changes in the arrangements were made to try and help the mothers. These were the substituting of an appointment system, so that patients know that a long waiting period is not necessary, routine weighing, and Wasserman testing. The nurses were also instructed in the taking of blood pressures, so that even if it were not the patient's turn to see the Doctor there were checks on the result of the urine tests. By these means a very close watch was kept on the problem of Toxaemia of pregnancy. An essential point at the Central Clinic is, however, to see that the Clinics both for Ante-Natal and Infant Welfare are held on the ground floor, in order to save the mothers coming upstairs. It is hoped to arrange this shortly, but it means a considerable number of consequential changes and is not so easy to carry out as it appears. Of course in any new Clinic if two-storeyed the suggested arrangement is fundamental.

(i) **Post-Natal Clinics.** Unfortunately, as mentioned last year, very few persons attended the Post-Natal Clinics.

(14) **Work of the Midwives.**

Out of a total of 1,231 births for the year, 946 were delivered at home. Of these, 751 were attended by the Midwife alone. In 355 cases Medical Aid was sent for, this giving a percentage of 47.3 as against 44 for last year.

Throughout the year the Midwifery Service continued to function well, though the high total of domiciliary births meant hard work for the staff. 26 Stillbirths occurred in domiciliary practice, which is low considering the very varied circumstances. Unfortunately the lack of Maternity Hospital accommodation nearby is

a factor, and there is still a tendency to delay sending cases of Toxaemia of pregnancy to Hospital, with the result that the chances of a stillbirth are increased.

(15) **Analgesia.**

It must be accepted from the humanitarian point of view that everything possible should be done to abolish the pains of labour, especially in the case of the young anxious woman in her first confinement, and therefore efforts are made very properly to ensure that measures to alleviate her pains are at hand. One of the best and safest methods is by the administration of nitrous oxide gas and air. This, however, requires two persons to be at the confinement and is what this Authority particularly has found difficult to carry out. Though almost all our Midwives have the Certificate of competence to administer this gas and air analgesia, we have found the problem of the second person, so far, insuperable. Obviously if a person with even the minimum qualifications laid down is to be present she must be available at any time of day or night, sickness and holidays notwithstanding, so that the woman in labour can get the relief from pain she deserves. The alternatives are pupil midwives, who are most satisfactory, but as we are not a training area we have none, and the second and even more satisfactory alternative, the district nurse, is also not available as this Service is not yet the Local Authority's responsibility. The result is that **most reluctantly and purely due to the problem of a second person being always available**, we have not been able to commence this most necessary Service, though we are very anxious to do so at the earliest possible opportunity.

(16) **Work of the Health Visitors.**

The figures given below give some idea of the work carried out by the Health Visitors. However, as regards visits it must be noted that no record is shown of **unsuccessful** visits. These take up nearly as much time as a successful one and on account of parents being out at work are more frequent than would be the case in peace time.

Clinics.

(a) **Ante-Natal.**

756 Women attended. Total attendances 3643

Post-Natal.

4 Women attended Total attendances 4

(b) **Child Welfare.**

			Total Attendances.	
			1943.	1944.
Children under 1 year	...	...	23,490	18,618
Children between 1 and 5 years	...	...	2,886	1,693
			<hr/>	<hr/>
			26,376	20,311
			<hr/>	<hr/>

Work of the Health Visitors.

Visits to children under 1 year:—

(a) First Visits	...	...	...	...	1,359
(b) Total Visits	...	...	...	...	4,951
Visits to children between 1 and 5 years	...	...	...	...	6,747
Pre-natal visits	...	...	...	...	167
Stillbirth investigations	...	...	...	...	27
Infant Death Visits	...	...	...	...	51
Ophthalmia Neonatorum Visits	...	...	...	...	2
Miscellaneous Visits	...	...	...	...	1,365

Orthopaedic Clinic.

Orthopaedic Treatment Attendances	155
Massage Attendances	...	...	...	1,326
Ultra-Violet Ray Clinic Attendances	...	...	...	569

(17) Shortage of Health Visitors.

The work of the Department was held up by the serious shortage of qualified Health Visitors. This has been developing for some time and is general all over the country, but it seems to have been beyond the wit of someone to appreciate the fact that a shortage would of necessity occur when State Registered Nurses very shortly after qualification were being drafted to the Forces or, if allowed to take the C.M.B. Certificate, were then as practising Midwives compelled to do Midwifery for at least a year. The result is that the big cities which are the pin-up and glamour girls of Public Health have a reasonable chance of getting adequate staffs of fully qualified Health Visitors because they have Health Visitors Training Schools, but this Authority, where there is no glamour but hard work in abundance, is employing as Acting Health Visitors State Registered Nurses with no Health Visitors' qualification, to ensure that the work, which is just as essential here as in any bigger town, gets done. I must add, however, in fairness to these Acting Health Visitors, that they have shown ability, keenness and interest, which deserve very high praise. Those appointed have amply justified the Council's action in appointing them, and the Department is most grateful for their help. A further factor calculated to stimulate keenness was the alteration in our own arrangements to allow the Health Visitors to do school nursing and thus being enabled to follow the family much more fully than before. Another advance will be when our Health Visitors do the Tuberculosis Home Visiting in this Borough for the Joint Board. At present this is done by specially appointed Visitors, with consequent overlapping, which is quite unnecessary and a waste of woman power.

At the time of writing a Committee has recommended to the Minister, who has approved the recommendation, that the training of Health Visitors should be increased in length by 50 per cent. It should be obvious that this is most certainly NOT the time to

insist on a higher standard and longer training than ever before. We do not want to turn out a highly academic "sociologist" who is too superior to clean up a lousy head, and those who advised the Minister should beware that while they look up to the stars they do not fall down a manhole in the pavement.

(18) **Work of the Dental Surgeons.**

The report of the Council's Dental Surgeon follows, giving details of the work carried out on behalf of the Maternity and Child Welfare Committee. Unfortunately, towards the end of the year the temporary Assistant Dental Surgeon, who had been lent to us, had to return to take up duty with his own Authority. It must be emphasised that no Dental Scheme for mothers is complete without one for the provision of dentures. It is not much use pulling teeth out, even if septic, if the unfortunate woman is then left with nothing with which to chew her food. Thus dentures should be (and will be) provided at the earliest possible moment.

However, two most important factors prevent this at present. They are non-availability of the necessary equipment and, much more important, lack of the necessary dentists. It is not too much to say that the whole of the proposed Health Service will break down if the dentists are not forthcoming. The present position gives rise to the greatest anxiety since replacement is a long way below wastage in the Dental profession. The direct result is that here it is impossible to commence any scheme for the provision of dentures for expectant and nursing mothers until at least another Dental Surgeon is available.

REPORT OF THE DENTAL SURGEON

"The work is normally carried out by the Assistant Dental Officer and since Mr. Penfold left in October last, I can only record my impressions from his records.

The work appears to leave much room for improvement and reaches only about 50 per cent. of the maximum pre-war level. This must not be regarded as so much waste time, as the gaps in M. & C.W. appointments can always be more than filled with school children. The School Report, it will be noted, is well above average.

The amount of M. & C.W. work in relation to school work is always quite unpredictable. It is always possible to foresee fairly exactly the amount of work we can refer from school, but the M. & C.W. cases are referred from sources quite outside our control. It therefore follows that one can never say whether we may have hundreds of cases turn up or whether no cases may be seen for weeks.

The M. & C.W. cases as a whole are at the present time the product of neglect, the defects in the children being caused by ignorance, bad feeding, and above all lack of cleanliness. The defect in the mothers is often due to indifference and dirtiness. Many of the young Ante-Natal and Nursing Mothers seen at the

Clinics have during their school days had much time and money expended on rendering them dentally fit. From the day they leave school until they attend at the M. & C.W. Clinics, teeth are forgotten and allowed to rot. All too often by this time the work of their school days has been completely undone and they are "dental cripples," only fit for the insertion of complete dentures. It is this consideration that makes the supply of dentures somewhat undesirable, as it is fostering and encouraging a condition which great efforts are all along made to avoid.

I would draw attention to the fact that many children who were previously included in these returns are now being admitted into infant schools or nursery schools, and appear, therefore, in other returns. Many of the mothers by reason of the improved circumstances during war-time are being treated by the private practitioners, or receive treatment at work's Welfare Centres. Finally there has been a decrease in the biggest group of attenders owing to the ruling of the M. & C.W. Committee that mothers with children under school age were no longer eligible for treatment. The age limit for the child has now been fixed at one year.

Maternity and Child Welfare—Dental Statistical Table.

Mothers:

New Cases	...	...	...	...	99
Subsequent Attendances	...	...	...	...	50

Ante-Natal:

New Cases	...	...	...	...	50
Subsequent Attendances	...	...	...	...	12

Babies:

New Cases	...	...	...	...	57
Subsequent Attendances	...	...	...	...	7
Total Attendances	...	...	...	...	275
Permanent Fillings	...	...	...	...	20
Temporary Fillings	...	...	...	...	Nil
Permanent Extractions	...	...	...	...	382
Temporary Extractions	...	...	...	...	60
Administrations of General Anaesthetics	...	...	...	...	223
Other operations—permanent	...	...	...	...	30
Other operations—temporary	...	...	...	...	11

Dental Treatment—Mental Defectives.

Four persons made five attendances. Two permanent teeth and three temporary teeth were extracted. Three general anaesthetics were administered and two other operations were performed.

Dental Treatment—War-Time Nurseries.

Two children attended for treatment, and three temporary teeth were extracted under general anaesthesia."

(19) Government Evacuation Scheme.

Although for by far the greater part of the war this had been a neutral area, the V.I bombing of parts of Southern England caused an alteration, and in common with neighbouring areas it became a reception area. Reception began towards the end of July, and altogether a total of 514 mothers and children and 203 unaccompanied children were received. It was not necessary to set up any special Hostels for "difficult" children and all were kept under observation in the billets by the Health Visitors.

(20) Clinics.

While a new Clinic was opened on the Priory Estate in 1938, the present Central Clinic and also those at Netherton and Holly Hall are so unsatisfactory that everything possible should be done to effect improvement. At the Central Clinic improvement is not enough; a complete new building is necessary. This is the most urgent job facing the Health Department as soon as building is possible. Even on the present site ample land is available to build a tip-top Clinic, but advantage should be taken of present-day trends to provide for more than the usual requirements of a Health Department and therefore a more central site might be advisable, but whether this is to be the case or not a new building is a matter of the greatest urgency, as the present one is so unsatisfactory both inside and out that it has, if anything, a negative value from the health propaganda point of view. Some steps have been taken as far as Netherton is concerned in suggestions for adaption of that part of the old Brewery Street Schools which was used as a First Aid Post. Although waiting room space will be rather limited, a Clinic there has the advantage of opening into a quiet street and improvements to the building are the best that can be done in the circumstances, always providing that such improvements when effected are not regarded as being in lieu of a new Clinic.

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER.

To the Chairman and Members of the
School Medical Service Sub-Committee.

Mr. Chairman, Ladies and Gentlemen,

In presenting the Annual Report of the School Medical Officer for 1944, it is desirable to emphasise certain points.

(1) The sixth year of the war does not appear to have affected the physical development of the school children to more than a slight degree, but I have the impression that minor skin diseases are more prevalent than usual. The diminished amount of fats and fruit available may perhaps be partly responsible, and it will be interesting to compare the progress in height and weight of children now in the 5—8 group with those coming into this group subsequently.

(2) The work of the School Medical Department is being hampered by the most unsatisfactory buildings both at the Central Clinic and at Netherton. Naturally people look to the Central Clinic for all facilities, but the accommodation is so unsatisfactory that a new Clinic for the centre of the town is a matter of the greatest urgency.

(3) The Committee decided that owing to the arrears on the clerical side a School Medical Clerk should be appointed. He took up duty at the beginning of December and the appointment is more than justifying itself.

(4) The Education Act, 1944, will give the School Medical Service an opportunity for a "New Deal," and it is hoped to take full advantage of it. It is most unfortunate, therefore, that the shortage of medical, dental and nursing staff will lessen materially the opportunities we now have.

In conclusion I should like to thank the members of the Committee, the Director and the staff of the Education Department, and the teachers for their great interest and ready help. I am also very grateful for the good service given by my own staff, often in difficult circumstances.

I am,

Your obedient servant,

W. K. DUNSCOMBE,

Temporary School Medical Officer.

Routine Medical Inspections.

The figures for Medical Inspections are given below, but points worthy of notice are that while it was still not possible to examine the intermediate age group, a large number of entrants and leavers was examined.

Nutrition.

As compared with 1943 the percentages in the various classes of nutrition do not show much difference, even though the numbers examined are so much greater, but the variations between the figures of one L.E.A. and another relating to nutrition are so enormous that it is high time this classification business was scrapped and reliance placed on the steady progression in height and weight, which I am convinced is the best rapid guide we have to a child's general condition. It follows, of course, that adequate staff must be available to carry out the routine weighing and measuring, which is so important.

Special Examinations.

(a) Owing to the changes in staff it was found that there were some lacunae in the ascertainment of defective children, but towards the latter part of the year it was found possible to hold the Doctor's Special Clinic regularly and therefore to commence ascertainment of defects on a scale which I hope will increase as far as our limited staff will allow. At each Doctor's Clinic special cases, e.g., possible heart, or lung, or other conditions, are brought for particularly careful examination. Frequently these have been found at Routine Medical Inspections and are then examined in the less rushed atmosphere of the Clinic. In my view the importance of careful consideration of these cases is fundamental since it leads via an adequate administrative staff direct to the most appropriate treatment, whether in a special school or otherwise. It will therefore become still more important under the new Act.

(b) **Eye Examinations.** 164 children were examined and 127 pair of spectacles were prescribed. It is a matter of the greatest regret that in several cases where spectacles were obviously necessary the parents were too disinterested to obtain them. The 1944 Act will at least do away with any excuse for this negligence on the financial score, though I do not think this is the reason in many cases. It is hoped to commence the regular re-examination of cases of high myopia early in 1945. No children were declared to be blind or were referred to a blind school.

(c) **Ear, Nose and Throat.** A great deal is still being written about the large numbers of children who are operated upon for tonsils and adenoids and there is a tendency to blame the School Medical Officers for this. The criticism may perhaps be justified in some areas if the children are not examined by a Specialist before a decision as to operation is taken. In this Borough all cases are seen by the Council's Consultant at the special Ear, Nose and Throat Clinic and are referred for operation only through him. Unfortunately, owing to the Tonsil ward at the Guest Hospital being occupied by E.M.S. patients, the waiting list grew very large, though at the time of writing, through the release of some of the E.M.S. beds at the hospital, this list is not now getting any bigger.

(d) No children were found to be either deaf or partially deaf. It is hoped that if time permits a beginning may be made soon of testing children who appear to be deaf by the pure-tone audiometer. One gathers that at the present time these instruments have to be imported from the U.S.A., and if we are so bankrupt of ideas in this country that we cannot make such apparatus, it is hoped that the appropriate Government Department will do everything possible to encourage the use of this most valuable instrument in all L.E.A.s. The only difficulty is that at present audiometric tests can only rarely be carried out on children under 7 years of age.

(5) **School Dental Service.**

The report of the Senior Dental Officer follows:—

“The Statistical Table given elsewhere shows that in spite of the many difficulties and problems encountered during the year, the output of the Clinics has been well maintained at pre-war levels. Only in one direction has it proved impossible to adhere to the normal annual schedule. In the past a routine examination has been carried out in every school in the Borough at least once per annum, but this year several schools have not been visited. On the credit side, there has been a considerable increase in the conservative work, and in addition to the figures shown 11 Orthodontic cases have been treated with appliances, 158 by surgical means, and in 79 instances advice has been given in relation to malformation. Arrangements have been made for a number of the more complex cases to attend the Specialist at the Birmingham General Dispensary.

In considering the various aspects of the Dental work it should be remembered that there was no Assistant Dental Officer from October onwards. It might be thought that this would cause a fall in the total output, but the reverse proved to be the case, and a fairly considerable rise was experienced. The reason for this is sufficiently interesting to call for comment. On the departure of the Assistant only the Central Clinic (Dudley) was kept operating and all cases normally treated in the Priory and Netherton Clinics were sent there. This produced a great economy of working conditions and enabled one Officer to cope with unusual amounts of work during this emergency period. The normal policy in this area of excessive decentralisation amounts to the sacrifice of professional time, to save the time of the patients, and is in my opinion open to criticism.

In the tables given, it must be understood that with the exception of Holly Hall (all of which children are treated at Dudley) the sections for Netherton and Priory refer to children **treated at those Clinics**. For reasons given in the preceding paragraph many more Netherton and Priory children were treated in Dudley and appear in those returns.

The number of “other operations performed” may be considered unduly high, but is explained by the comparatively great amount of prophylaxis carried out during the year, owing to the necessity of coping with the large rise in ulcerative stomatitis, Vincents Angina and similar conditions.

The evacuee children have not been distinguished in any way from our own children and have had equal rights of treatment both as casuals and routine. A special analysis of treatment was originally started and this was very easy when these children were fresh here, and readily recognisable. Now, however, they have merged so into our daily life, that without one is continually on the alert during busy Clinics, they are counted in with our local children.

The system of payment for dental treatment introduced during the year, against my advice, has caused a lot of dissatisfaction. It is very doubtful if the sum of sixpence per patient really merits the time of collection and it has certainly been the reason for numerous persons refusing to accept the recommended treatment. It seems very doubtful if the scheme will survive.

Nursery School—Dental Treatment.

Four children made five attendances. Four temporary teeth were extracted under general anaesthesia and one other operation was performed."

D. NELSON,

Senior Dental Surgeon.

(6) Infectious Diseases.

Figures for the prevalence of certain notifiable diseases among children of school age are given below. It will be seen that there is a relatively high incidence of Diphtheria, which should not be. Parents need to be reminded of the now proved advisability of a child immunised in infancy receiving a "boosting" dose whilst in the Primary School.

		Diphtheria.		Scarlet Fever.		Whooping Cough.	
Age							
Group.		M.	F.	M.	F.	M.	F.
5—10	...	14	9	32	24	24	24
10—15	...	3	11	11	14	—	1

The number of school children immunised was 196.

(7) Tuberculosis.

During the year 2 cases of pulmonary tuberculosis among school children were notified. This represents a decrease over last year, but it still too high. Each of these children has probably been infected by some adult spitting up tubercle bacilli. The paramount necessity for the examination of all child contacts thus becomes evident. This is referred to in the report of the Medical Officer of Health.

(8) Work of the School Nurses.

It was decided that all nurses doing school work should act also as Health Visitors so as to prevent overlapping and also to give each nurse a wider interest. In addition another Auxiliary School Nurse was appointed to help at the Clinics, and more especially in Cleanliness Inspections.

It will be seen from Table V. that Cleanliness Inspections have been very numerous, but the amount of Uncleanliness is not in inverse proportion unfortunately, and though it is rather an all-embracing word covering all stages from a dirty neck to a head alive with lice and nits under a plaster of impetigo sores, it is not always possible to separate the various conditions. However, 4,835 lousy heads were found from 52,683 children. Many were found on several occasions and especially from the "problem" families mentioned in the report of the Medical Officer of Health. It is no exaggeration to say that if these incorrigible ones could be dealt with, the work of the school nurses would be reduced by at least 25 per cent., and though the Education Act, 1944, permits a somewhat heavier fine than the feeble procedure under the old Act, even now it is totally inadequate; the proof of negligence which is necessary may yet turn out to be a stumbling block.

(9) Hygiene in Schools.

It is hoped to give more attention to this in the future, but since it is only by daily precept and practice that real hygienic habits are inculcated, the help of the teachers is, as in almost every part of the School Medical Service, all-important. It is of little use children in nursery schools or war-time nurseries being taught to wash their hands after going to the w.c. if this most important lesson is not to be hammered home during attendance at the primary school. A corollary to this, of course, is improved housing, as it is not much good children getting this instruction in school if there is no water laid on in their homes!

(10) School Meals.

The continued drive by the Ministry of Education to encourage and increase the consumption of school meals can only be loudly applauded. In 1943 the number of children taking meals on a particular day was 1,090, while on December 14th, 1944, there were 1,769 children taking school meals. This shows a very great increase and it is hoped it will still further increase under the new Act, as I must reiterate that nothing is likely to benefit the children more, provided that the dinner is made up of sound, wholesome food, properly cooked and tastefully served and without too much emphasis on the calorie content.

(11) School Milk.

Each School in the Borough is supplied with Pasteurised Milk, so that on the score of safety and adequacy the supply is as satisfactory as can be. It is hoped to try and make arrangements to cover the vexed question of milk being supplied during the holidays also.

(12) Speech Therapist.

The question of the appointment of a Speech Therapist was actively considered and eventually it was decided to try and arrange to share one with the Staffordshire County Council, her time to be 6/10 in Dudley and 4/10 for the County. The matter had reached an advanced stage at the end of the year.

(13) **Child Guidance.**

This problem was considered to some extent during the year. It is not always realised that Child Guidance is largely **parent** guidance, and that it is also a service for the few, and though there is an increasing tendency to refer all juvenile delinquents to such a Clinic I am convinced this will prove to be a mistake. In addition too great a reliance must not be placed on the so-called I.Q., as this Intelligence Quotient certainly varies, especially with undernourished children, and also with those suffering from the lesser degrees of high-tone deafness which cannot be detected except by the audiometric test.

(14) **Special Schools.**

(a) **Malvern Open-Air School.** This functioned well from our point of view, though there seemed to be a curious reluctance on the part of the parents to let some of the children go—frequently those most needing open air treatment. This might have been due in some instances to the necessity for payment, but it is significant that the reluctance is as regards boys, while the accommodation for girls is generally full. In the provision to be made under the new Act it is essential to consider an open-air school which can be kept open all the year round. This is not now the case owing to the height above sea level at which the school is situated. Some of the buildings are antiquated and a new school on a more satisfactory site is a pressing matter.

(b) **Day Open-Air School.**...In any case it would be desirable to establish a day open-air school in this area, as at the time of writing we are now getting a large waiting list for Malvern, especially since it is only in the summer term that the children under 8 years of age can be admitted there. If one was established right under the lee of the hill by Himley Road it would have the sheltered south aspect which is fundamental and could be large enough to accommodate children from the neighbouring areas if required.

(c) **Educationally Handicapped Children.** There is a need also for a special school for the education of sub-normal children. Many of these are in the ordinary primary schools, and with the large size of their present classes the teachers find it almost impossible to give them personal attention to any marked degree, hence the children tend to fall further and further behind. Here the question of south aspect, which is so important in the case of any open-air school, is of much less importance and consequently sites may not perhaps be so strictly limited.

(15) **Convalescent Home.**

In view of the obligations L.E.A.s will have to undertake, due to the operation of the new Act, it becomes more and more necessary to consider the establishment—jointly if necessary—of a convalescent home where children can go to recover from any acute illness. This would not be a hospital or a school and the atmosphere of both should be absent. All that should matter is to provide good food, fresh air and plenty of rest to make the children fit and able, when they leave it, to face their ordinary tasks again.

STATISTICAL TABLES, 1944.

Table I.

Medical Inspections of Children attending Public Elementary Schools.

A.—Routine Medical Inspections.

(1) Number of inspections in the prescribed age groups:—

Entrants	...	...	...	1975
Second Age Group	...	...	...	Nil
Third Age Group	...	...	...	1096
Total				3071

(2) Number of other routine inspections Nil

B.—Other Inspections.

Number of special inspections and re-inspections: 1673

Table II.

Classification of the nutrition of children during the year in the routine age groups:—

Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
	No.	%	No.	%	No.	%	No.	%
3071	160	5.2	2622	87.37	285	9.28	4	.01

Table III.**Group I. Treatment of Minor Ailments (excluding Uncleanliness).**

Total number of Defects treated or under treatment during the year under the Authority's Scheme ... 18,297

Group II. Treatment of Defective Vision and Squint, under the Authority's Scheme:—

Errors of refraction (including squint)	...	...	134
Other defects or diseases of the eyes (excluding those recorded in Group I.)	...	...	30
Total	...	...	164

Number of children for whom spectacles were

(a) Prescribed	...	...	...	...	127
(b) Obtained	...	...	...	...	108

Group III. **Treatment of Defects of Ear, Nose and Throat.**

Received operative treatment	...	...	...	119
Received other forms of treatment	...	...	...	53
Total number treated				172

Table IV.
Dental Inspection and Treatment.

Clinics	Total Attendance	Total No. of Children seen	No. of Casuals	Fillings in P'rm'n't Teeth	Fillings in T'mp'r'y Teeth	Permanent Extractions	Temporary Extractions	Administrations of General Anaesthetics	Other Operations Permanent	Other Operations Temporary
DUDLEY ...	3101	2007	825	1792	154	522	1645	1590	862	324
NETHERTON ...	760	639	277	67	6	144	561	502	150	73
PRIORY ...	625	520	237	220	11	42	535	394	83	48
HOLLY HALL ...	411	341	117	204	1	53	325	258	46	22
GRAND TOTAL	4897	3507	1456	2283	181	761	3067	2744	1141	467

Table V.
Verminous Conditions.

- (1) Average number of visits per school made during the year by the School Nurses or other authorised persons ... 48.5
- (2) Total number of examinations of children in the Schools by School Nurses or other authorised persons ... 52,683
- (3) Number of **individual** children found unclean ... 4,852
- (4) Number of **individual** children cleansed under Section 87 (2) and (3) of the Education Act, 1921 ... Nil
- (5) Number of cases in which legal proceedings were taken:—
 - (a) Under the Education Act, 1921 ... Nil
 - (b) Under School Attendance Bye-laws ... Nil

Table VI.**Blind and Deaf Children.**

Number of totally or almost totally blind and deaf children who are NOT at the present time receiving education suitable for their special needs:—

	1	2	3
	At a Public Elementary School	At an Institu- tion otherthan a Special School	At no School or Institution
Blind Children	—	—	2
Deaf Children	—	—	—

One—Awaiting admission to Blind School.

One—Parents refuse to agree to admission to a residential Institution.

**ANNUAL REPORT OF THE
CHIEF SANITARY INSPECTOR AND CLEANSING
SUPERINTENDENT FOR THE YEAR ENDED
31st DECEMBER, 1944.**

To the Chairman and Members of the Health Committee.

Mr. Chairman and Gentlemen,

In presenting my sixteenth Annual Report, the sixth of the war, brevity with due regard for essential records again forms the basis of the report.

Visits for the control of registered and other premises have, of necessity, been lower than in pre-war years; it will, however, be noticed that 65 samples were taken under the Food and Drugs Act, 1938, as compared with 41 during 1943.

Housing action was again confined to the investigation of complaints, and some measure of success was achieved in securing compliance with notices.

By means of joint action by the Sanitary and Housing Departments, relief of overcrowding and rehousing of Tuberculosis patients continued through casual vacancies as in past years, 21 cases being dealt with.

The Public Cleansing Service was maintained on its minimum war-time standard; tonnage collected was 12,959 tons as compared with 12,830 tons collected in 1943.

Salvage yielded 1,009 tons with an income of £5,062, and expenditure was £5,003; tonnage, income and expenditure fell considerable below the figures for 1943.

The problems of staffing still continued to be acute, and were further accentuated by resignations and illness, the position of Deputy Chief Sanitary Inspector being still vacant.

In the meantime, the existing staff is carrying on to the best of its ability, and my thanks are again due to all members of the staff and workmen who are so loyally pulling their weight under very difficult conditions.

(A)—**SANITARY CIRCUMSTANCES.****Numerical Summary for 1944.****Sanitary Inspection of the Area:**

Record of Inspections and Results.

Inspections made with respect to:	No. of Insp.	Nuisances or defects reported.	Re-visits made re abatement.	Nuisances or defects remedied.
Houses under P.H.A. ...	322	446	763	253
Drainage work	95	60	118	47
Closets	26	71	61	66
Ashplaces	50	3	840	403
Yards, Courts, etc. ...	11	1	14	2
Overcrowding*	127	—	25	—
Miscellaneous†	655	104	233	65

Visits relating to:—

Public Cleansing Services	26
Infectious Disease	191
Interviews with owners and traders (District Inspectors only)	651

* See report on overcrowding on page 37.

† Including visit and inspection figures given below under separate headings.

Notices Served.

	Informal	Statutory	Total
Notices Served	250	70	320
Notices Complied with	389	72	461
Choked drains cleansed by Department's drain cleanser			194
Choked water closets cleansed by Department's drain cleanser			48

Infectious Disease.

Number of cases investigated and necessary action taken	179
Number of disinfections carried out	265

Fish Frying Premises.

Number of Fish Frying Premises on the Register	66
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No applications have been received for the establishment of Fish Frying Premises during the year. Existing premises were kept under observation.

Rats and Mice Destruction Act.

Premises receiving attention	72
Number of visits and re-visits made	357
Number of baits laid	4565
Number of baits taken	3050
Number of rats actually caught	295
Number of premises where attention has been terminated after satisfactory service	53

Court Proceedings	Nil
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Disinfestation.

Number of families whose furniture was fumigated prior to removal into a Council House	11
Number of Council Houses found to be infested	...	...	20
Number of Council Houses disinfested	...	...	20
Number of other houses found to be infested	...	...	12
Number of other houses disinfested	...	...	12

Factories.

Number of factories with mechanical power inspected	...	21
Number of visits and re-visits	...	33
Number of factories without mechanical power inspected	Nil	
Number of visits and re-visits	...	Nil
Number of defects remedied	...	17

Licensed Premises.

Number of visits and re-visits to Hotels, Public Houses, etc.	2
Number of Urinals reconstructed or improved	...	Nil	
Additional W.C.'s provided	...	Nil	

Pharmacy and Poisons Act.

Number of applications dealt with and premises visited	...	1
--	-----	---

Shops Act, 1934.

Shops inspected and recorded	...	3
Notices served requiring work to be done	...	2
Notices complied with	...	2

(B)—PUBLIC CLEANSING.

(For the Financial Year ending 31st March, 1944).

House Refuse Collection and Disposal.

Number of Houses and other premises to which collection service was given	16240
Number of Ashbins cleansed per week	8085
Total Refuse collected in Tons, excluding night soil	...	12959	
Gross cost of House and Trade Refuse Collection and Disposal Service	...	£12882	
Gross income excluding salvage	...	£225	
Net Expenditure	...	£12667	
Total Net cost per premises cleansed	...	17/7	
Total cost per ton—collection	...	17/1	
Total cost per ton—in the control of tips	...	4/-	

Street Cleansing.

Mileage of Streets cleansed:—

At least once daily	8.07
Three times weekly	8.57
Twice weekly	15.67
Once weekly	39.86
Total mileage cleansed	72.17
Net Cost	£6228
Net Cost per 10,000 square yards cleansed	15/1
Net Cost per 1,000 of population	£104

SALVAGE REPORT.**Years ending 31st March, 1944 and 1945.**

MATERIALS	MATERIAL SOLD				MATERIAL IN STOCK				Total Weight Collected (Tons)		EXPENDITURE £		
	Weight (Tons)		Value £		Weight (Tons)		Value £						
	1944	1945	1944	1945	1944	1945	1944	1945	1944	1945		1944	1945
Paper	387	333	2531	2204	5	20	32	128	386	348	Wages ...	4143	3379
Rags	57	40	548	381	—	5	—	30	57	45	Transport	707	736
Metals	365	145	679	307	119	13	208	25	354	39	Bonus ...	597	555
Glass	88	31	458	248	5	8	40	64	71	34	Materials	299	333
Bones etc. ...	14	13	61	60	—	—	—	—	14	13	Other L.A.'s	115	—
Kitchen Waste	674	530	2209	1848	—	—	—	—	674	530			
Rubber	2	6	4	14	10	—	25	—	12	—			
TOTALS ...	1587	1098	6490	5062	139	46	305	247	1568	1009		5861	5003

Records of Yearly Returns of Salvage.

Materials	Up to 31st Mar. 1941		Year ended 31st Mar. 1942		Year ended 31st Mar. 1943		Year ended 31st Mar. 1944		Year ended 31st Mar. 1945		Totals	
	T.	C.	T.	C.	T.	C.	T.	C.	T.	C.		
Waste Paper ...	557	1	564	17	572	0	386	18	333	18	2414	14
Ferrous Metals ...	251	8	432	9	280	3	324	6	147	2	1435	8
Non-ferrous Metals	3	0	1	11½	2	12	1	7¼	0	7	8	17½
Textiles	30	15	46	15	66	7	56	19	39	11	240	7
Glass	101	15	88	15	196	18	87	16	31	10	506	14
Kitchen waste ...	311	10	656	18	705	18	672	16	530	6	2877	8
Condemned Meat	9	0	1	15	2	13	3	6½	1	18	18	12½
Bones	12	13	27	19	12	12	11	5	11	9	75	18
Total Tonnage ...	1277	2	1828	19½	1839	3	1544	13¾	1096	1	7577	19
Income	£4,068		£6,724		£8,159		£6,456		£5,013		£30,420	

(C)—HOUSING.**Progress return figures up to year ending 31/3/45.****Slum Clearance.**

Houses demolished during the year	...	...	...	Nil
Houses demolished from 1930 to 31/3/45	...	...	...	1452

Individually Unfit Houses.

Houses demolished during the year	...	...	...	3
Houses closed under closing orders during the year	...	...	...	Nil
Total houses demolished from 1930 to 31/3/45	...	...	...	915
Total houses closed from 1930 to 31/3/45	...	...	...	65
Total houses made fit from 1930 to 31/3/45	...	...	...	580

Summary.

Total houses approved for demolition but not yet demolished:—

Slum Clearance	...	...	325			
Individually unfit	...	...	128	...	...	453

Overcrowding.

Number of cases abated during the year	...	...	14
Number of new cases reported during the year	...	...	36
Total cases remaining unabated at 31/3/45	...	...	465
Number of cases abated from June, 1936, to 31/3/45	...	...	1134

Re-Housing.

Number of families re-housed in Council Houses during the year 1/4/44 to 31/3/45 through the Department:

Overcrowding	...	...	...	9		
Unfit Houses	...	...	...	4		
T.B. cases	...	...	...	8	...	21

Number of Council Houses erected during the year 1944 Nil

Number of families in receipt of financial assistance during 1944 under Housing Acts ... 349 February decreasing to 151 August

(D)—INSPECTION AND SUPERVISION OF FOOD.**Milk and Dairies.**

Number of registered producers, dairymen or wholesalers	47
Number of premises selling bottled milk only	275
Number of licences issued under the Milk (Special Designations) Regulations, 1936—1943	10

Report of Analysis of Milk Samples taken for Bacteriological Examination and Biological Test.

	BACTERIOLOGICAL EXAMINATION						BIOLOGICAL TEST		
	No. of Samples	Methylene Blue Test		Coliform Test		Bacteriological Count	No. of Samples	Pos.	Neg.
		S.	U.	S.	U.	S.	U.		
Designated	7	—	—	3	4	3	4	—	—
Undesignated	21	3	15	9	12	3	—	2	2

S.—Satisfactory U.—Unsatisfactory.

Food and Drugs Act, 1938, and Preservatives in Food Regulations.

65 Samples were submitted to the Public Analyst as follows:

	Formal	Informal	Total
Milk	34	—	34
Egg Substitute	—	1	1
Malted Milk	—	1	1
Malt Vinegar	—	1	1
Parsley and Thyme Stuffing	—	1	1
Arrowroot	—	1	1
Self Raising Flour	—	1	1
Borax	—	1	1
Fluzo Powder	—	1	1
Glycerine and Honey	—	1	1
Aspirin	—	2	2
Gelatine Powder	—	2	2
Pork Sausage	—	5	5
Brawn	—	3	3
Pressed Pork	—	1	1
Trifle	—	1	1
Mixed Spice	—	1	1
Ground Ginger	—	1	1
Castor Oil	—	1	1
Gravy Colouring	—	1	1
Fruit Sauce	—	1	1
Lemon Substitute	—	1	1
Dessicated Tomato Soup	—	1	1
Coffee	—	1	1

61 Samples were reported to be satisfactory and 4 informal samples were reported to be unsatisfactory. Of these 4 unsatisfactory informal samples 2 were of Pork Sausage which contained a preservative, the presence of which was not disclosed. Warning letters were sent in each instance. The remaining two unsatisfactory samples were one of Brawn which contained an excessive amount of Boric Acid, and one of Lemon Substitute which was deficient in Citric Acid. It was not found possible to take formal samples of the latter articles as the sale of same had been discontinued.

Public Health (Meat) Regulations, 1924.

2638 pigs were notified for slaughter and inspected during the year 1944 at Registered and Licensed Premises. In addition, 262 pigs were notified and inspected at premises not Registered or Licensed, i.e., Pig Clubs, etc.

Carcases Inspected and Condemned.

	Pigs
Number Killed	2900
Number Inspected	2900

All Diseases except T.B.

Whole Carcases condemned	1
Carcases of which some part or organ was condemned	60
Percentage of the number inspected affected with disease other than tuberculosis	2.1

Tuberculosis only.

Whole carcasses condemned	Nil
Carcases of which some part or organ was condemned	202
Percentage of the number inspected affected with tuberculosis	7.0

Meat and Other Foods Condemned.

Carcases or parts and offal condemned.	Number
Carcases	1
Heads	176
Lungs (Sets of)	145
Livers	114
Hearts	144
Kidneys	14
Mesenteries	68
Spleens	14
Collars	5
Intestines (Sets of)	6
Stomachs	2
Belly Pieces	2
Trimming's	2
Loins (Portions of)	5
Udder Fats	9

Diseases.

	lbs.
Tuberculosis	3765
Pneumonia	52
Pericarditis	45
Cirrhosis	28
Pleurisy	65
Abscesses	29
Moribund	206
Peritonitis	32

**Total Weight of Meat Condemned—1 ton 17 cwts. 3 qrs. 22 lbs.
Other Foods Condemned.**

Frozen Meat Trimmings	...	...	...	...	500 lbs.
Rabbits	...	...	...	...	72
Tinned Meat	...	...	...	...	780 lbs.
Other Meat	...	...	...	...	87 lbs.
Tins of Fish	...	...	...	...	516
Wet Fish	...	...	...	...	406 lbs.
Tins of Vegetables	...	...	...	...	678
Shell Eggs	...	...	...	...	205
Cereals	...	...	...	...	62 lbs.
Tins of Various other pre-packed foods	...	...	...	...	976

(E)—WATERCRESS BEDS.

During the year under review, in conjunction with the Public Works Committee and the Borough Engineer's Department, action was taken in respect of ten watercress beds. Nine samples of water taken from the watercourses feeding these beds were submitted for analysis, and the results indicated heavy pollution on each of the beds, and that the watercress was unfit for human consumption. In consequence of this report, immediate action was taken to prevent its sale to the public, authority being given by the Public Works Committee to negotiate with the owners for the purchase of all the watercress concerned. This was carried out by the Department, and all watercress removed and destroyed. A portion of one watercourse has now been piped by the Borough Engineer's Department, and the growing of watercress has been discontinued on all the beds involved.

(F)—DEFENCE GENERAL REGULATIONS, 1939.

THE INFESTATION ORDER, 1943.

Pursuant to the above Order, the Ministry of Food issued a direction to the Dudley Corporation to remedy the rat infestation in sewers, drains or culverts administered by them; the work to commence not later than 1st May, 1944. A scheme was prepared whereby the Borough was divided into eleven sections, and provision was made for both a first and second treatment to be given in accordance with the Ministry's requirements. The work involved placed a strain upon the Department's man-power, but in spite of this was duly carried out. The following table gives a summary of the work entailed and the results achieved.

First Treatment:

Number of Manholes Inspected	...	...	892
Number of Manholes Baited Daily for 5 days	...	...	669
Estimated Number of Rats Killed	...	...	2985

Second Treatment:

Number of Manholes Baited Daily for 5 days	...	...	467
Estimated Number of Rats Killed	...	...	1407
Estimated Total Number of Rats Killed	...	...	4392

